



State of Michigan
Department of Licensing and Regulatory Affairs
Michigan Administrative Hearing System
www.michigan.gov/uia



IN THE MATTER OF:

APPEAL DOCKET NO. _____

SOCIAL SECURITY NO. _____

EMPLOYER NO. _____

CERTIFICATION OF AGENCY AND APPEARANCE

I, _____, certify that I am authorized by _____
to act as agent in all proceedings in the above entitled matter.

Unemployed Worker ☐
My appearance as agent for _____ in the above entitled cause is hereby filed.
Employer ☐

Dated: _____

Signature: _____

Firm Name: _____

Address: _____

Phone: _____

Fax: _____

APPEARANCE

(for use of attorneys-at-law only)

Unemployed Worker ☐
My (our) appearance as attorney for _____ in the above entitled cause is hereby filed.
Employer ☐

Dated: _____

Signature: _____

Firm Name: _____

Address: _____

Phone: _____

Fax: _____